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PTO/SB/21 (08-00)

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TRANSMITTAL FORM

Application Number 09/309,130 **Filing Date** May 10, 1999 **First Named Inventor** Rakauskas 1773 Group Art Unit **Examiner Name** K.R. Kruer KOLC-P02-030 Attorney Docket Number

FORM		First Named Inventor		Rakauskas				
(to be used for all correspondence after initial filing)		Group Art Unit		1773				
		Examiner Name		K.R. Kruer	Co			
Total Number of Pages in This Submission		Attorney Docket Number		KOLC-P02-030				
ENCLOSURES (check all that apply)								
x Fee Transmittal Form		Assignment Papers (for an Application)			After Allowance Communication to Group	CENED 5-200, ED		
Fee Attached		Drawing(s)		×	Appeal Communication to Board of Appeals and Interferences			
X Amendment/Reply		Licensing-related Papers			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	<u> </u>		
X After Final		Petition			Proprietary Information			
Affidavits/declaration(s)		Petition to Convert to a Provisional Application			Status Letter			
X Extension of Time Request		Power of Attorney, Revocation Change of Correspondence Address			Other Enclosure(s) (please identify below)			
Express Abandonment Request		Terminal Disclaimer						
Information Disclosure Statement		Request for Refund						
Certified Copy of Priority Document(s)		CD, Number of CD(s)						
Response to Missing Parts/ Incomplete Application		narks						
Response to Missing Parts under 37 CFR 1.52 or 1.53								
and or or it	.02 01 1.00				·			
<u> </u>	·							
	ROPES & GRAY William G. Gosz							
Signature ω	ignature William S. Soz							
Date Octobe	r 17, 2002	0						

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PTO/SB/17 (11-01)

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FEE TRANSMITTAL	Application Number				er 09/3	09/309,130		
for EV 2002	Filing Date				May 10, 1999			
for FY 2002	First Named Inventor				kauska		_	
Patent fees are subject to annual revision.	Examiner Name				. Krue			
Applicant claims small entity status. See 37 CFR 1.27	-			177				
TOTAL AMOUNT OF PAYMENT (\$) 720.00	Group Art Unit Attorney Docket No.				LC-P0	2-030		
METHOD OF PAYMENT (check all that apply)	_							
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Name The Commissioner is hereby authorized to: (check all that apply)	127	50	227	25	Surcharge - late sheet.	provisio	nal filing fee or cove	イ ೧
X Charge fee(s) indicated below X Credit any overpayments	139	130	139	130	Non-English spe	cification		<u> </u>
X Charge any additional fee(s) during the pendency of this	147	2,520	147	2,520			ł	
application				·	Requesting publi		arte reexamination f SIR prior to	
Charge fee(s) indicated below, except for the filing fee	112	920*	112	920*	Examiner action			
to the above-identified deposit account.	113	1,840*	113	1,840*	Requesting publi Examiner action		I SIR BREF	
FEE CALCULATION	115	110	215	55	Extension for rep	oly within	first month	
1. BASIC FILING FEE	116	400	216	200	Extension for rep	•		400.00
Large Entity Small Entity Fee Fee Fee Fee	117	920	217	460	Extension for rep	oly within	third month	
Fee Fee Fee Fee Fee Description Fee Paid	118	1,440	218	720	Extension for rep	oly within	fourth month	
101 740 201 370 Utility filing fee	128	1,960	228	980	Extension for rep	oly within	fifth month	
106 330 206 165 Design filing fee	119	320	219	160	Notice of Appeal			320.00
107 510 207 255 Plant filing fee	120	320	220	160	Filing a brief in s	upport of	fan appeal	
108 740 208 370 Reissue filing fee	121	280	221	140	Request for oral	hearing		
114 160 214 80 Provisional filing fee	138	1,510	138	1,510			ic use proceeding	
SUBTOTAL (1) (\$) 0.00	140	110	240	55	Petition to revive		}	
	141	1,280	241	640	Petition to revive			——I
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	142	1,280	242	640	Utility issue fee (ie)	I
Claims below Fee Paid	143	460	243	230	Design issue fee	1		
Total Claims** = x =	144	620	244	310	Plant issue fee		ļ	
Independent Claims -** = X = =	122	130	122	130	Petitions to the C	Commiss	ioner	
Multiple Dependent =	123	50	123	50	Processing fee u	ınder 37	CFR 1.17(q)	Ш
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Fee Fee Fee Code (\$) Code (\$)	581	40	581	40	Recording each			
Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20					property (times n Filing a submissi			
102 84 202 42 Independent claims in excess of 3	146	740	246	370	(37 ČFR 1.129(a	1))	·	
104 280 204 140 Multiple dependent claim, if not paid	149	740	249	370	For each addition examined (37CF			
109 84 209 42 ** Reissue independent claims	179	740	279	370	•		xamination (RCE)	
over original patent 110 18 210 9 ** Reissue claims in excess of 20	169	900	169	900	Request for expe of a design appli		amination	
and over original patent		fee (spe	cify)		or a gooding while	Janon		
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**or number previously paid, if greater, For Reissues, see above	L							
SUBMITTED BY					Co	mplete /	if applicable)	
Name (Print/Type) William G. Gosz		ration No		7,787		- i	(617) 951-7617	
	(Allome	ey/Agent)		,			· · · · · · · · · · · · · · · · · · ·	<u>,,</u>
Signature William & oz		·			Dat	18	October 17, 200	12
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